

11/7/23, 1:25 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : MECHANIK NUCCIO HEARNE & WESTER, P.A.
Account Number : 110727003105
Phone : (813)276-1920
Fax Number : (813)276-1560

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: gfa@floridalandlaw.com

STATE OF FLORIDA
TALLAHASSEE, FL

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**REGISTERED AGENT CHANGE
FLORIDA MARINE JOINER SERVICE, INC.**

Certificate of Status	0
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Estimated Charge	\$35.00

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Marine Joiner Service, Inc.
Name of Corporation

DOCUMENT NUMBER: P08000047993

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah F. Albani, Esquire

Name of Contact Person

Mechanik Nuccio Hearne & Wester, P.A.

Firm/Company

305 S. Boulevard

Address

Tampa, FL 33606

City/State and Zip Code

sfa@floridalandlaw.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Sarah F. Albani

at (813) 276-1920

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2B045 (04/13)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Florida Marine Joiner Service, Inc.
2. The principal office address: 4917 Hartford Street, Tampa, FL 33619
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/12/2008 Document number: P08000047993
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Matthew J. Foster

202 South Rome Avenue, Suite 100

Tampa, FL 33606

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Sarah F. Albani, Esq.

305 S. Boulevard

Tampa, FL 33606

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

W. R. DOYLE - PRESIDENT
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Sarah F. Albani
Signature of Registered Agent

11/7/2023
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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